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PTO/SB/01 (12-97)

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DEGLADATION FOR LITHETY OR	Attorney Docket Nur	nber	822.902			
DECLARATION FOR UTILITY OR DESIGN	First Named Invento	r	Hannon, Lawrence E.			
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	92,452				
	Filing Date	e October 22, 2003				
☐ Declaration ☐ ☐ Declaration Submitted OR Submitted after Initi	Group Art Unit	3643				
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	ame				

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ANIMAL PEN SYSTEM										
the specification of which (Title of the Invention) is attached hereto OR										
x was filed on (MM/DD/YYYY) October 22, 2003 as United States Application Number or PCT International										
Application Number 10/692,452 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						
Number(s)	Country	(MINIJUJITTTY)		YES NO						
Additional foreign application num	bers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s)	Filing Date	e (MM/DD/YYYY)								
60/442,594	01/22/2003		numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.						

[Page 1 of 2]
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DEC	CLA	RATIO	<u>N —</u>	<u> U </u>	tilit	y or	De	sigı	n	Pate	nt /	- مو(licatio	on	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.	S. Pare	ent Applicat Numb		PCT	Parent	}		Parent Filing Date (MM/DD/YYYY)					rent Patent Number (if applicable)		
							on a supplemental priority data sheet PTO/SB/02C attached hereto.								
As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith: Customer Number 21,707 Place Customer Number Bar Code									omer Code						
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	Nam	e			Regist Num	ration iber				Nam	е		Registration Number		
Ian F. Bur	Ian F. Burns 33,297														
Additional	registered	d practitioner(s) r	named or	nsuppl	emental	Register	ed Prac	titioner I	nfor	rmation she	et PTO/	SB/02C	attached here	eto.	
Direct all corr	Direct all correspondence to: X Customer Number or Bar Code Label 21,707 OR X Correspondence address below									ress below					
Name Ian F. Burns & Associates															
Address	Address 1575 Delucchi Lane, Suite 222														
Address															
City	Reno							State	N	V	ZIP	8950	502		
Country	US	Telephone 775-8					5-826	826-6160 Fax 77				775-	5-828-1651		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any]) Family Name or Surname															
Lawrence E. Hannon															
Inventor's Signature		Lamo & Hom						Date 4/2					4/2/0		
Residence: (City	Reno State NV				Country US Citizenship US					US				
Post Office Address 5830 Mountain Shadow Lane															
Post Office A	t Office Address														
City		Reno	State	NV		Z	IP 8	9511			Cou	intry	US		
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])					Family Name or Surname						
Bryan R. Grziwok											
Inventor's Signature	73	<u>, </u>		-		Date	9	D9 Aug 94			
Residence: City	San Francisco	State	CA	c	Country	US		Citizens		JS	
Post Office Address	ess 1230 Willard Street										
Post Office Address											
City	San Francisco	State	CA		ZIP 9	94117	Countr	y US			
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	on has been file	d for th	is unsigr	ned inv	entor/	
Given Na	me (first and middle [if any])				Family Nar	ne or	Surname			
Inventor's Signature								Da	te		
Residence: City		State		c	Country			Citizer	ıship_		
Post Office Address											
Post Office Address											
City		State			ZIP		Cour	ntry			
Name of Addition	nal Joint Inventor, if ar	ıy:		/	A petitio	on has been file	d for th	is unsigr	ned inv	ventor	
Given Na	me (first and middle [if any])				Family Nar	ne or	Surname			
Inventor's Signature								Da	te		
Residence: City		State		c	Country			Citizei	nship		
Post Office Address											
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City		State			ZIP		0	ountry			

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